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NEWS 1 Web Page URLs for STN Seminar Schedule - N. America
NEWS 2 "Ask CAS" for self-help around the clock
NEWS 3 JUL 20 Powerful new interactive analysis and visualization software, STN AnaVist, now available
NEWS 4 AUG 11 STN AnaVist workshops to be held in North America
NEWS 5 AUG 30 CA/CAPLUS - Increased access to 19th century research documents
NEWS 6 AUG 30 CASREACT - Enhanced with displayable reaction conditions
NEWS 7 SEP 09 ACD predicted properties enhanced in REGISTRY/ZREGISTRY
NEWS 8 OCT 03 MATHDI removed from STN
NEWS 9 OCT 04 CA/CAPLUS-Canadian Intellectual Property Office (CIPO) added to core patent offices
NEWS 10 OCT 06 STN AnaVist workshops to be held in North America
NEWS 11 OCT 13 New CAS Information Use Policies Effective October 17, 2005
NEWS 12 OCT 17 STN(R) AnaVist(TM), Version 1.01, allows the export/download of CAPLUS documents for use in third-party analysis and visualization tools
NEWS 13 OCT 27 Free KWIC format extended in full-text databases
NEWS 14 OCT 27 DIOGENES content streamlined
NEWS 15 OCT 27 EPFULL enhanced with additional content
NEWS 16 NOV 14 CA/CAPLUS - Expanded coverage of German academic research
NEWS EXPRESS JUNE 13 CURRENT WINDOWS VERSION IS V8.0, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 13 JUNE 2005
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FILE 'HOME' ENTERED AT 11:13:47 ON 18 NOV 2005

=> file hcaplus embase biosis medline

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.21	0.21

FILE 'HCAPLUS' ENTERED AT 11:14:03 ON 18 NOV 2005

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FILE 'MEDLINE' ENTERED AT 11:14:03 ON 18 NOV 2005

=> s venflaxine?

L1 2 VENFLAXINE?

=> s venlafaxine?

L2 8963 VENLAFAXINE?

=> s l2 and enhancing () cognition?

L3 0 L2 AND ENHANCING (W) COGNITION?

=> s venlafaxine () cognition?

L4 2 VENLAFAXINE (W) COGNITION?

=> s l4 and review/dt

L5 0 L4 AND REVIEW/DT

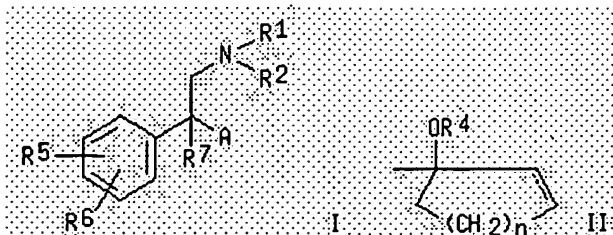
=> d l4, ibib abs, 1-2

L4 ANSWER 1 OF 2 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text
Citing References

ACCESSION NUMBER: 1996:447080 HCAPLUS
DOCUMENT NUMBER: 125:132796
TITLE: Venlafaxine and related compounds in the inducement of cognition enhancement
INVENTOR(S): Husbands, G. E. Morris; Abou- Gharbia, Magid A.; Moyer, John A.; Muth, Eric A.
PATENT ASSIGNEE(S): American Home Products Corp., USA
SOURCE: U.S., 6 pp., Cont.-in-part of U.S. Ser. No. 384,070, abandoned.
CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 5530013	A	19960625	US 1995-442546	19950516
<u>PRIORITY APPLN. INFO.:</u>			US 1995-442546	B2 19950516
			US 1995-384070	B1 19950206
			US 1994-195417	19940214
OTHER SOURCE(S):	MARPAT 125:132796			
GI				



AB A method is provided for inducing cognition enhancement in a mammal by administration of a hydroxycycloalkanephethylamine compd. I [A = II (dotted line = optional unsatn.; R4 = H, alkyl, formyl, alkanol; n = 0-4); R1, R7 = H, alkyl; R2 = alkyl; R5, R6 = H, OH, alkyl, alkoxy, alkanoyloxy, cyano, nitro, alkylmercapto, amino, alkylamino, dialkylamino, alkanamido, halo, CF3, or taken together, methylene dioxy] or a pharmaceutically acceptable salt thereof. In the scopolamine-impaired radial arm maze test, venlafaxine produced significant redns. in scopolamine impairment.

L4 ANSWER 2 OF 2 HCAPLUS COPYRIGHT 2005 ACS on STN

Full
Text

Clear
References

ACCESSION NUMBER: 1995:792829 HCAPLUS
DOCUMENT NUMBER: 123:188626
TITLE: Venlafaxine and its analogs for inducing cognition enhancement
INVENTOR(S): Husbands, George Edward Morris; Abou-Gharbia, Magid Abdel-Megid; Moyer, John Allen; Muth, Eric Anthony
PATENT ASSIGNEE(S): American Home Products Corp., USA
SOURCE: Eur. Pat. Appl., 10 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>EP 667150</u>	A1	19950816	<u>EP 1995-300612</u>	19950131
<u>EP 667150</u>	B1	20021211		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, NL, PT, SE				
<u>EP 1245228</u>	A2	20021002	<u>EP 2002-14620</u>	19950131
<u>EP 1245228</u>	A3	20021009		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE				
<u>AT 229328</u>	E	20021215	<u>AT 1995-300612</u>	19950131
<u>PT 667150</u>	T	20030228	<u>PT 1995-300612</u>	19950131
<u>ES 2185683</u>	T3	20030501	<u>ES 1995-300612</u>	19950131
<u>CA 2141774</u>	AA	19950815	<u>CA 1995-2141774</u>	19950203
<u>JP 07252143</u>	A2	19951003	<u>JP 1995-23837</u>	19950213
<u>LV 13000</u>	B	20030720	<u>LV 2003-34</u>	20030317
PRIORITY APPLN. INFO.:			<u>US 1994-195417</u>	A 19940214
			<u>EP 1995-300612</u>	A3 19950131

OTHER SOURCE(S): MARPAT 123:188626

AB This invention provides use of a compd. to manuf. a medicament of inducing cognition enhancement. The compd. is a 2-(1-hydroxycycloalkyl or 1-hydroxycycloalkenyl)-2-phenylalkylamine deriv., preferably venlafaxine (I) and its pharmaceutically acceptable salts. I was subjected to the scopolamine-impaired radial arm maze tests with rats. I produced a significant decrease in scopolamine impairment with ED50 value of 1mg/kg i.p.

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L4 2 VENLAFAXINE (W) COGNITION?

=> s l4 and review/dt

L5 0 L4 AND REVIEW/DT

=> d l4, ibib abs, 1-2

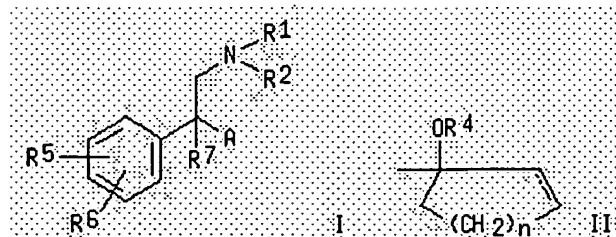
L4 ANSWER 1 OF 2 HCAPLUS COPYRIGHT 2005 ACS on STN

Full
Text

Citing
References

ACCESSION NUMBER: 1996:447080 HCAPLUS
DOCUMENT NUMBER: 125:132796
TITLE: Venlafaxine and related compounds in the inducement of cognition enhancement
INVENTOR(S): Husbands, G. E. Morris; Abou- Gharbia, Magid A.; Moyer, John A.; Muth, Eric A.
PATENT ASSIGNEE(S): American Home Products Corp., USA
SOURCE: U.S., 6 pp., Cont.-in-part of U.S. Ser. No. 384,070, abandoned.
CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 5530013	A	19960625	US 1995-442546	19950516
<u>PRIORITY APPLN. INFO.:</u>			US 1995-442546	B2 19950516
			US 1995-384070	B1 19950206
			US 1994-195417	19940214
OTHER SOURCE(S):	MARPAT	125:132796		
GI				



AB A method is provided for inducing cognition enhancement in a mammal by administration of a hydroxycycloalkanephethylamine compd. I [A = II (dotted line = optional unsatn.; R4 = H, alkyl, formyl, alkanol; n = 0-4); R1, R7 = H, alkyl; R2 = alkyl; R5, R6 = H, OH, alkyl, alkoxy, alkanoyloxy, cyano, nitro, alkylmercapto, amino, alkylamino, dialkylamino, alkanamido, halo, CF3, or taken together, methylene dioxy] or a pharmaceutically acceptable salt thereof. In the scopolamine-impaired radial arm maze test, venlafaxine produced significant redns. in scopolamine impairment.

L4 ANSWER 2 OF 2 HCAPLUS COPYRIGHT 2005 ACS on STN

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Text

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References

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DOCUMENT NUMBER: 123:188626
TITLE: Venlafaxine and its analogs for inducing cognition enhancement
INVENTOR(S): Husbands, George Edward Morris; Abou-Gharbia, Magid Abdel-Megid; Moyer, John Allen; Muth, Eric Anthony
PATENT ASSIGNEE(S): American Home Products Corp., USA
SOURCE: Eur. Pat. Appl., 10 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>EP 667150</u>	A1	19950816	<u>EP 1995-300612</u>	19950131
<u>EP 667150</u>	B1	20021211		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, NL, PT, SE				
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<u>EP 1245228</u>	A3	20021009		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE				
<u>AT 229328</u>	E	20021215	<u>AT 1995-300612</u>	19950131
<u>PT 667150</u>	T	20030228	<u>PT 1995-300612</u>	19950131
<u>ES 2185683</u>	T3	20030501	<u>ES 1995-300612</u>	19950131
<u>CA 2141774</u>	AA	19950815	<u>CA 1995-2141774</u>	19950203
<u>JP 07252143</u>	A2	19951003	<u>JP 1995-23837</u>	19950213
<u>LV 13000</u>	B	20030720	<u>LV 2003-34</u>	20030317
PRIORITY APPLN. INFO.:			<u>US 1994-195417</u>	A 19940214
			<u>EP 1995-300612</u>	A3 19950131

OTHER SOURCE(S): MARPAT 123:188626

AB This invention provides use of a compd. to manuf. a medicament of inducing cognition enhancement. The compd. is a 2-(1-hydroxycycloalkyl or 1-hydroxycycloalkenyl)-2-phenylalkylamine deriv., preferably venlafaxine (I) and its pharmaceutically acceptable salts. I was subjected to the scopolamine-impaired radial arm maze tests with rats. I produced a significant decrease in scopolamine impairment with ED50 value of 1mg/kg i.p.

=> file hcaplus

COST IN U.S. DOLLARS

SINCE FILE	TOTAL
ENTRY	SESSION
10.30	10.51

FULL ESTIMATED COST

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)

SINCE FILE	TOTAL
ENTRY	SESSION
-1.46	-1.46

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FILE COVERS 1907 - 18 Nov 2005 VOL 143 ISS 22
 FILE LAST UPDATED: 17 Nov 2005 (20051117/ED)

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This file contains CAS Registry Numbers for easy and accurate substance identification.

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      321 YARDLEY, J?/AU
      0 ABOU-BHARBIA, M?/AU
      465 ULLRICH, J?/AU
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      465 ULLRICH, J?/AU
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L7 ANSWER 1 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

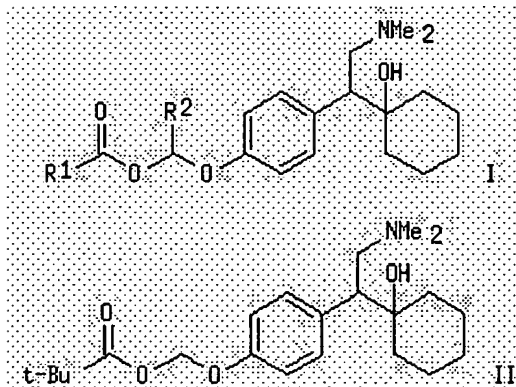
Full Text	Citing References
ACCESSION NUMBER:	2004:612494 HCAPLUS
DOCUMENT NUMBER:	141:140195
TITLE:	Preparation of ethers of O-desmethyl venlafaxine for treatment of central nervous system disorders
INVENTOR(S):	Yardley, John P. ; Abou-Gharbia, Magid A.; Ullrich, John W.
PATENT ASSIGNEE(S):	Wyeth, John, and Brother Ltd., USA
SOURCE:	U.S. Pat. Appl. Publ., 8 pp., Cont.-in-part of U.S. Ser. No. 315,699. CODEN: USXXCO
DOCUMENT TYPE:	Patent
LANGUAGE:	English
FAMILY ACC. NUM. COUNT:	2
<u>PATENT INFORMATION:</u>	

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2004147601	A1	20040729	US 2003-692542	20031024
US 6348494	B1	20020219	US 2000-722193	20001121

US 2002037922 A1 20020328 US 2001-989000 20011121
US 6503942 B2 20030107
US 2003158253 A1 20030821 US 2002-315699 20021210
PRIORITY APPLN. INFO.: US 1999-240922P P 19991124
 US 2000-722193 A3 20001121
 US 2001-989000 A3 20011121
 US 2002-315699 A2 20021210

OTHER SOURCE(S): MARPAT 141:140195

GI



10315699

AB Title O- α -acyloxyalkyl ethers of the venlafaxine metabolite 4-[2-(dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol I [wherein R1 = (cyclo)alkyl, alkoxy, cyclohexyl, 1-alkylcyclohexyl; R2 = H, alkyl; or R1CO2CHR2 = (un)substituted 1,3-dihydro-3-oxo-1-isobenzofuranyl; or pharmaceutically acceptable salts, hydrates, R, S, or RS forms thereof] were prepd. For example, 4-[2-(dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol was coupled with chloromethyl pivalate using anhyd. K₂CO₃ and KI in acetonitrile to give II. I and their pharmaceutical compns. are useful for treating central nervous system disorders (no data).

L7 ANSWER 2 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text Citings
References

ACCESSION NUMBER: 2002:134218 HCAPLUS
 DOCUMENT NUMBER: 136:183617
 TITLE: Preparation of o-desmethyl venlafaxine
 α -(alkanoyloxy)alkyl ethers as nervous system
 agents
 INVENTOR(S): **Yardley, John P.**; Abou-Gharbia, Magid A.; **Ullrich, John W.**
 PATENT ASSIGNEE(S): American Home Products Corporation, USA
 SOURCE: U.S., 7 pp.
 CODEN: USXXAM
 DOCUMENT TYPE: Patent
 LANGUAGE: English
 FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>US 6348494</u>	B1	20020219	<u>US 2000-722193</u>	20001121
<u>US 2002037922</u>	A1	20020328	<u>US 2001-989000</u>	20011121

US 6503942	B2	20030107		
US 2003158253	A1	20030821	US 2002-315699	20021210
<u>US 2004147601</u>	A1	20040729	US 2003-692542	20031024
PRIORITY APPLN. INFO.:			US 1999-240922P	P 19991124
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			US 2000-722193	A3 20001121
			US 2001-989000	A3 20011121
			US 2002-315699	A2 20021210

OTHER SOURCE(S): MARPAT 136:183617

AB R1CO2CHR2OZ1CH(CH2NMe2)ZOH [R1 = (cyclo)alkyl, alkoxy, R3Z; R2,R3 = H or alkyl; R1R2 = (un)substituted 1,2-phenylene; Z = cyclohexylidene; Z1 = 1,4-phenylene] were prepd. as nervous system agents (no data). Thus, 4-(RO)C6H4CH(CH2NMe2)ZOH (I; R = H) was etherified by Me3CCO2CH2Cl to give I (R = CH2O2CCMe3).

REFERENCE COUNT: 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 3 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text	References
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ACCESSION NUMBER: 2001:396833 HCAPLUS

DOCUMENT NUMBER: 135:19427

TITLE: Preparation of O-desmethyl venlafaxine ethers as nervous system agents

INVENTOR(S): Yardley, John Patrick; Abou-gharbia, Magid Abdel-megid; Ullrich, John William

PATENT ASSIGNEE(S): American Home Products Corporation, USA

SOURCE: PCT Int. Appl., 23 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>WO 2001038293</u>	A1	20010531	<u>WO 2000-US31895</u>	20001121
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
<u>CA 2391288</u>	AA	20010531	<u>CA 2000-2391288</u>	20001121
<u>BR 2000015795</u>	A	20020723	<u>BR 2000-15795</u>	20001121
<u>EP 1232141</u>	A1	20020821	<u>EP 2000-980588</u>	20001121
<u>EP 1232141</u>	B1	20041006		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL				
<u>JP 2003514889</u>	T2	20030422	<u>JP 2001-539850</u>	20001121
<u>NZ 519130</u>	A	20030926	<u>NZ 2000-519130</u>	20001121
<u>AU 767835</u>	B2	20031127	<u>AU 2001-17833</u>	20001121
<u>AT 278659</u>	E	20041015	<u>AT 2000-980588</u>	20001121
<u>PT 1232141</u>	T	20041231	<u>PT 2000-980588</u>	20001121
<u>ES 2228636</u>	T3	20050416	<u>ES 2000-980588</u>	20001121
<u>NO 2002002446</u>	A	20020523	<u>NO 2002-2446</u>	20020523
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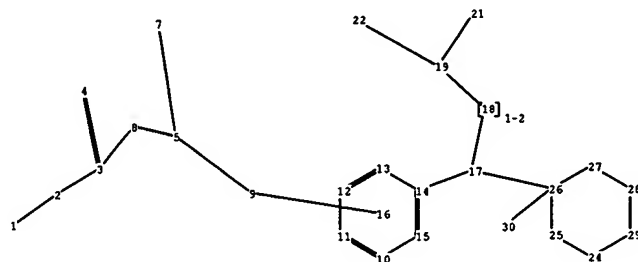
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<u>PRIORITY APPLN. INFO.:</u>			<u>US 1999-448268</u>	A 19991124
			<u>WO 2000-US31895</u>	W 20001121

OTHER SOURCE(S): MARPAT 135:19427


AB R1CO2CHR2OZCHRCH2NMe2 (R = 1-hydroxycyclohexyl and Z = 1,4-phenylene throughout)[I; R1 = (cyclo)alkyl, alkoxy, (1-alkyl)cyclohexyl; R2 = H or alkyl; R1R2 = (un)substituted 1,2-phenylene] were prepd. as nervous system agents (no data). Thus, HOZCHRCH2NMe2 was condensed with Me3CCO2CH2I in the presence of Ag2CO3 to give I (R1 = CMe3, R2 = H).

REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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NEWS 9 OCT 04 CA/CAPLUS-Canadian Intellectual Property Office (CIPO) added to core patent offices
NEWS 10 OCT 06 STN AnaVist workshops to be held in North America
NEWS 11 OCT 13 New CAS Information Use Policies Effective October 17, 2005
NEWS 12 OCT 17 STN(R) AnaVist(TM), Version 1.01, allows the export/download of CAPLUS documents for use in third-party analysis and visualization tools
NEWS 13 OCT 27 Free KWIC format extended in full-text databases
NEWS 14 OCT 27 DIOGENES content streamlined
NEWS 15 OCT 27 EPFULL enhanced with additional content
NEWS 16 NOV 14 CA/CAPLUS - Expanded coverage of German academic research

NEWS EXPRESS JUNE 13 CURRENT WINDOWS VERSION IS V8.0, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 13 JUNE 2005

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 DICTIONARY FILE UPDATES: 16 NOV 2005 HIGHEST RN 868209-27-2

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L1 STRUCTURE UPLOADED

=> d l1

L1 HAS NO ANSWERS

L1 STR

=> s l1

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 SEARCH TIME: 00.00.01

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 BATCH **COMPLETE**

PROJECTED ITERATIONS: 0 TO 0
 PROJECTED ANSWERS: 0 TO 0

L2 0 SEA SSS SAM L1

=> s l1 full

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100.0% PROCESSED 0 ITERATIONS 0 ANSWERS
 SEARCH TIME: 00.00.01

L3 0 SEA SSS FUL L1

=> file hcaplus embase medline biosis
COST IN U.S. DOLLARS

SINCE FILE ENTRY	TOTAL SESSION
170.36	170.57

FULL ESTIMATED COST

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FILE 'EMBASE' ENTERED AT 10:06:13 ON 18 NOV 2005
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FILE 'MEDLINE' ENTERED AT 10:06:13 ON 18 NOV 2005

FILE 'BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005
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=> s venlafaxine?

L4 8963 VENLAFAXINE?

=> s analog? or metabolite?

L5 1901208 ANALOG? OR METABOLITE?

=> s l5 {} l4

L6 2 L5 (W) L4

=> s l6 and review/dt

L7 0 L6 AND REVIEW/DT

=> s l6 and l4

L8 2 L6 AND L4

=> s acyloxyalkyl {} ether?

L9 9 ACYLOXYALKYL (W) ETHER?

=> s l9 {} l4

L10 0 L9 (W) L4

=> s l9 and l4

L11 3 L9 AND L4

=> s l11 and review/dt

L12 0 L11 AND REVIEW/DT

=> d l11, ibib abs, 1-3

L11 ANSWER 1 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text	Citing References
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ACCESSION NUMBER: 2004:612494 HCAPLUS

DOCUMENT NUMBER: 141:140195

TITLE: Preparation of ethers of O-desmethyl **venlafaxine** for
treatment of central nervous system disorders

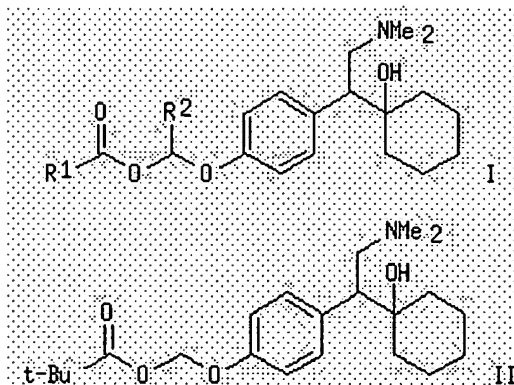
INVENTOR(S): Yardley, John P.; Abou-Gharbia, Magid A.; Ullrich,
John W.

PATENT ASSIGNEE(S): Wyeth, John, and Brother Ltd., USA

SOURCE: U.S. Pat. Appl. Publ., 8 pp., Cont.-in-part of U.S. Ser. No. 315,699.
 CODEN: USXXCO
 DOCUMENT TYPE: Patent
 LANGUAGE: English
 FAMILY ACC. NUM. COUNT: 2
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2004147601	A1	20040729	US 2003-692542	20031024
US 6348494	B1	20020219	US 2000-722193	20001121
US 2002037922	A1	20020328	US 2001-989000	20011121
US 6503942	B2	20030107		
US 2003158253	A1	20030821	US 2002-315699	20021210
PRIORITY APPLN. INFO.:			US 1999-240922P	P 19991124
			US 2000-722193	A3 20001121
			US 2001-989000	A3 20011121
			US 2002-315699	A2 20021210

OTHER SOURCE(S): MARPAT 141:140195
 GI



AB Title O- α -acyloxyalkyl ethers of the venlafaxine metabolite 4-[2-(dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol I [wherein R1 = (cyclo)alkyl, alkoxy, cyclohexyl, 1-alkylcyclohexyl; R2 = H, alkyl; or R1CO2CHR2 = (un)substituted 1,3-dihydro-3-oxo-1-isobenzofuranyl; or pharmaceutically acceptable salts, hydrates, R, S, or RS forms thereof] were prepd. For example, 4-[2-(dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol was coupled with chloromethyl pivalate using anhyd. K2CO3 and KI in acetonitrile to give II. I and their pharmaceutical compns. are useful for treating central nervous system disorders (no data).

L11 ANSWER 2 OF 3 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

Full Text References

ACCESSION NUMBER: 2003:122211 BIOSIS
 DOCUMENT NUMBER: PREV200300122211
 TITLE: Ethers of O-Desmethyl venlafaxine.
 AUTHOR(S): Yardley, John P. [Inventor, Reprint Author]; Abou-Gharbia, Magid A. [Inventor]; Ullrich, John W. [Inventor]
 CORPORATE SOURCE: King of Prussia, PA, USA
 ASSIGNEE: Wyeth

PATENT INFORMATION: US 6503942 20030107

SOURCE: Official Gazette of the United States Patent and Trademark Office Patents, (Jan 7 2003) Vol. 1266, No. 1.
<http://www.uspto.gov/web/menu/patdata.html>. e-file.
 ISSN: 0098-1133 (ISSN print).

DOCUMENT TYPE: Patent

LANGUAGE: English

ENTRY DATE: Entered STN: 5 Mar 2003

Last Updated on STN: 5 Mar 2003

AB This invention provides O-alpha-**acyloxyalkyl ethers** of the **venlafaxine** metabolite 4-[2-(Dimethylamino-1-(1-hydroxycyclohexyl)ethyl]phenol, represented by Formula (I): ##STR1## wherein: the configuration at the stereogenic center (*) may be R, S, or RS (the racemate); R1 is selected from C1 -C6 alkyl, C1 -C6 alkoxy, C3 -C6 cycloalkyl, or the moiety: ##STR2## R2 is selected from H, or C1 -C6 alkyl; or, R1 and R2 may be concatenated such that ##STR3## form a moiety having formula (b): ##STR4## R3 is selected from H or C1 -C6 alkyl; and R4 and R5 are independently selected from H, C1 -C6 alkyl, C3 -C6 cycloalkyl, C1 -C6 alkoxy, C1 -C6 thioalkoxy, --CN, --OH, --CF3, --OCF3, halogen, --NH2, --NO2, or mono or dialkylamino wherein each alkyl group has 1 to 6 carbon atoms, or pharmaceutically acceptable salts or hydrates thereof, R, S, or RS forms thereof; as well as pharmaceutical compositions and methods treating central nervous system disorders.

L11 ANSWER 3 OF 3 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

Full Text	Extra References
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ACCESSION NUMBER: 2002:198020 BIOSIS

DOCUMENT NUMBER: PREV200200198020

TITLE: Ethers of o-desmethyl **venlafaxine**.

AUTHOR(S): Yardley, John P. [Inventor, Reprint author]; Abou-Gharbia, Magid A. [Inventor]; Ullrich, John W. [Inventor]

CORPORATE SOURCE: King of Prussia, PA, USA

ASSIGNEE: American Home Products Corporation

PATENT INFORMATION: US 6348494 20020219

SOURCE: Official Gazette of the United States Patent and Trademark Office Patents, (Feb. 19, 2002) Vol. 1255, No. 3.
<http://www.uspto.gov/web/menu/patdata.html>. e-file.
 CODEN: OGUPE7. ISSN: 0098-1133.

DOCUMENT TYPE: Patent

LANGUAGE: English

ENTRY DATE: Entered STN: 13 Mar 2002

Last Updated on STN: 13 Mar 2002

AB This invention provides O-alpha-**acyloxyalkyl ethers** of the **venlafaxine** metabolite 4-[2-(Dimethylamino-1-(1-hydroxycyclohexyl)ethyl]phenol, represented by Formula (I): ##STR1## wherein: the configuration at the stereogenic center (*) may be R, S, or RS (the racemate); wherein radicals R1, R2, R3, R4, and R5 are as defined in the specification; as well as pharmaceutical compositions and methods treating central nervous system disorders.

=> d his

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FILE 'REGISTRY' ENTERED AT 09:53:15 ON 18 NOV 2005

L1 STRUCTURE UPLOADED

L2 0 S L1

L3 0 S L1 FULL

FILE 'HCAPLUS, EMBASE, MEDLINE, BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005

L4 8963 S VENLAFAXINE?
 L5 1901208 S ANALOG? OR METABOLITE?
 L6 2 S L5 () L4
 L7 0 S L6 AND REVIEW/DT
 L8 2 S L6 AND L4
 L9 9 S ACYLOXYALKYL () ETHER?
 L10 0 S L9 () L4
 L11 3 S L9 AND L4
 L12 0 S L11 AND REVIEW/DT

=> s central {} nervous {} system {} disorder?

L13 3133 CENTRAL (W) NERVOUS (W) SYSTEM (W) DISORDER?

=> s l13 () l4

L14 0 L13 (W) L4

=> s l13 and l4

L15 6 L13 AND L4

=> s l15 and review/dt

L16 0 L15 AND REVIEW/DT

=> s l15 and l11

L17 3 L15 AND L11

=> s l15 not l11

L18 3 L15 NOT L11

=> d l18, inhib abs, 1-3

L18 ANSWER 1 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full
Text

References

ACCESSION NUMBER: 2002:143294 HCAPLUS
 DOCUMENT NUMBER: 136:189323
 TITLE: Preparation and pharmaceutical formulation of enantiomers of O-desmethyl **venlafaxine**
 INVENTOR(S): Yardley, John P.; Asselin, Andre A.
 PATENT ASSIGNEE(S): American Home Products Corporation, USA
 SOURCE: U.S. Pat. Appl. Publ., 8 pp., Cont. of U.S. Ser. No. 590,741, abandoned.
 CODEN: USXXCO
 DOCUMENT TYPE: Patent
 LANGUAGE: English
 FAMILY ACC. NUM. COUNT: 2
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2002022662	A1	20020221	US 2001-957908	20010921
US 2002161055	A1	20021031	US 2002-154994	20020523
US 2003149112	A1	20030807	US 2003-373145	20030224
US 2004176468	A1	20040909	US 2004-799321	20040312
PRIORITY APPLN. INFO.:			US 1999-183029P	P 19990615
			US 2000-590741	B1 20000608
			US 2001-957908	A1 20010921
			US 2002-154994	B1 20020523
			US 2003-373145	A1 20030224

AB This invention provides pharmaceutically active enantiomers of the **venlafaxine** metabolite O-Desmethyl **venlafaxine**, R(-)-4-[2-(Dimethylamino)-1-(1-hydroxycyclo-hexyl)ethyl]phenol or R(-)-1-[2-(dimethylamino)-1-(4-hydroxyphenyl)ethyl]cyclo-hexanol (I), and S(+)-1-[2-(Dimethylamino)-1-(4-hydroxyphenyl)ethyl]cyclohexanol or S(+)-4-[2-(Dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol, or one or more pharmaceutically acceptable salts or salt hydrates thereof, as well as pharmaceutical compns. utilizing these enantiomers and methods of using the enantiomers to treat, inhibit or control **central nervous system disorders**. To a soln. of 1-[2-(Dimethylamino)-1-(4-methoxyphenyl)ethyl]-cyclohexanol free base (prepn. given) in EtOAc at room temp. was added at once to a soln. of (+)-Di-para toluoyl-D-tartaric acid-monohydrate (DT(-)T) and was stirred at room temp. for 1 h. The resulting ppt. was filtered off, washed with EtOAc, dried overnight at 35° in a vacuum oven to provide crude R(-)-1-[2-(dimethylamino)-1-(4-methoxyphenyl)-ethyl]cyclohexanol DT(-)T salt (yield = 92.8%) as a white solid. The solid was recrystd., and treated with sodium hydroxide soln. to obtain I base which was sepd. and purified. Neurotransmitter uptake inhibition activity of the enantiomers were studied in rats. Pharmaceutical formulations of different enantiomers are disclosed.

L18 ANSWER 2 OF 3 EMBASE COPYRIGHT (c) 2005 Elsevier B.V. All rights

Full Text	Link References
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reserved on STN

ACCESSION NUMBER: 2004192011 EMBASE
 TITLE: Pregabalin Pfizer.
 AUTHOR: Huckle R.
 CORPORATE SOURCE: R. Huckle, Axovan Ltd., Innovation Center, Gewerbestrasse 16, CH-4123 Allschwil, Switzerland.
richard.huckle@axovan.com
 SOURCE: Current Opinion in Investigational Drugs, (2004) Vol. 5, No. 1, pp. 82-89.
 ISSN: 1472-4472 CODEN: CIDREE
 COUNTRY: United Kingdom
 DOCUMENT TYPE: Journal; Article
 FILE SEGMENT: 008 Neurology and Neurosurgery
 030 Pharmacology
 032 Psychiatry
 037 Drug Literature Index
 038 Adverse Reactions Titles
 050 Epilepsy
 LANGUAGE: English
 SUMMARY LANGUAGE: English
 ENTRY DATE: Entered STN: 20040520
 Last Updated on STN: 20040520

AB Pregabalin is a γ -aminobutyric acid analog that is under development by Pfizer for the potential treatment of **central nervous system disorders**, including epilepsy, neuropathic pain, fibromyalgia and generalized anxiety disorder. By April 2003, Pfizer had filed for approval of pregabalin in Europe for neuropathic pain and as an adjunctive therapy for epilepsy, and in October 2003 an NDA was filed for these indications and generalized anxiety disorder. At this time, phase III trials in fibromyalgia were ongoing. ? Thomson Scientific.

L18 ANSWER 3 OF 3 MEDLINE on STN

Full Text	Link References
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ACCESSION NUMBER: 2004142534 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 15035061

TITLE: [Detection of new antidepressive agents using thin-layer chromatography].
 Prukaz nekterych novych antidepresiv chromatografii na tenke vrstve.

AUTHOR: Novakova E

CORPORATE SOURCE: Ustav soudniho lekarstvi a toxikologie, VFN a 1. LF UK, Praha.

SOURCE: Soudni lekarstvi / casopis Sekce soudniho lekarstvi Cs. lekarske spolecnosti J. Ev. Purkyne, (2004 Jan) 49 (1) 2-6.
 Journal code: 9601665. ISSN: 0371-1854.

PUB. COUNTRY: Czech Republic

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: Czech

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200405

ENTRY DATE: Entered STN: 20040324
 Last Updated on STN: 20040526
 Entered Medline: 20040525

AB Series of new antidepressants appeared in the treatment of **central nervous system disorders** in the last years. Into this group belong: 1. antidepressants of the 3rd generation which selectively inhibit serotonin reuptake; 2. thymoleptics--a group of compounds which have no anticholinergic effects and act as noradrenaline reuptake inhibitors or noradrenaline and serotonin reuptake inhibitors; 3. antipsychotics from the group of selective serotonin and dopamine antagonists. All they have less undesirable side-effects than classical tricyclic antidepressants of the first generation and thymoleptics of the second generation. Thus they are nowadays more often used as the drugs of the first choice and are therefore met more often in the biological material analyzed in toxicological laboratories. This contribution deals with the detection and identification of paroxetine, sertraline, **venlafaxine**, mirtazapine, tianeptine, risperidone and quetiapine in urine by thin layer chromatography.

=> d his

(FILE 'HOME' ENTERED AT 09:53:06 ON 18 NOV 2005)

FILE 'REGISTRY' ENTERED AT 09:53:15 ON 18 NOV 2005

L1 STRUCTURE UPLOADED

L2 0 S L1

L3 0 S L1 FULL

FILE 'HCAPLUS, EMBASE, MEDLINE, BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005

L4 8963 S VENLAFAXINE?

L5 1901208 S ANALOG? OR METABOLITE?

L6 2 S L5 () L4

L7 0 S L6 AND REVIEW/DT

L8 2 S L6 AND L4

L9 9 S ACYLOXYALKYL () ETHER?

L10 0 S L9 () L4

L11 3 S L9 AND L4

L12 0 S L11 AND REVIEW/DT

L13 3133 S CENTRAL () NERVOUS () SYSTEM () DISORDER?

L14 0 S L13 () L4

L15 6 S L13 AND L4

L16 0 S L15 AND REVIEW/DT

L17 3 S L15 AND L11

L18 3 S L15 NOT L11

=> s depression? or generalized {} anxiety {} disorder? or panic {} disorder? or pos
 L19 581669 DEPRESSION? OR GENERALIZED (W) ANXIETY (W) DISORDER? OR PANIC
 (W) DISORDER? OR POST (W) TRAUMATIC (W) STRESS (W) DISORDER? OR
 ATTENTION (W) DEFICIT (W) DISORDER?

=> s l19 {} l4
 L20 37 L19 (W) L4

=> s l20 and review/dt
 L21 9 L20 AND REVIEW/DT

=> d l21, ibib abs, 1-9

L21 ANSWER 1 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text	Citing References
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ACCESSION NUMBER: 2003:781259 HCAPLUS
 DOCUMENT NUMBER: 139:316491
 TITLE: Venlafaxine: a 2003 update
 AUTHOR(S): Gutierrez, Mary A.; Stimmel, Glen L.; Aiso, Janet Y.
 CORPORATE SOURCE: School of Pharmacy, University of Southern California,
 Los Angeles, CA, USA
 SOURCE: Clinical Therapeutics (2003), 25(8), 2138-2154
 CODEN: CLTHDG; ISSN: 0149-2918
 PUBLISHER: Excerpta Medica, Inc.
 DOCUMENT TYPE: Journal; **General Review**
 LANGUAGE: English

AB A review. This review focuses on newer issues of treatment remission in depression, treatment-resistant depression, and extended-release venlafaxine for generalized anxiety disorder (GAD). Methods: Relevant clin. literature from 1993 through 2003 was identified from database searches of MEDLINE and International Pharmaceutical Abstrs., and from manual searches of ref. lists of the identified papers. With its dual action of serotonin and noradrenergic reuptake inhibition, venlafaxine has been shown to be superior in efficacy to selective serotonin reuptake inhibitors for severe major depressive disorder, treatment-resistant depression, and depressive symptom remission. Its demonstrated efficacy for both short- and long-term treatment of GAD has led to its use for obsessive-compulsive disorder and chronic pain syndromes, although inadequate clin. literature currently exists to support these latter 2 uses. In the past decade, no new or unexpected adverse events have been identified with venlafaxine therapy, except a possibly greater risk of fatal overdose compared with other serotonergic drugs, suggesting the need for caution in patients with suicidal ideation. Because venlafaxine is a potent serotonin agonist, caution must also be exercised to prevent the possibility of serotonin syndrome when used with other serotonin agonists, and its dose should be tapered very gradually to minimize the risk of a serotonin withdrawal reaction. Venlafaxine has emerged as a successful post-SSRI-era antidepressant with an expanded range of uses since it was first marketed.

REFERENCE COUNT: 75 THERE ARE 75 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 2 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text	Citing References
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ACCESSION NUMBER: 2001:776278 HCAPLUS
 DOCUMENT NUMBER: 136:63510
 TITLE: Attaining remission in **generalized anxiety**

disorder: Venlafaxine extended release comparative data

AUTHOR(S): Sheehan, David V.

CORPORATE SOURCE: Institute for Research in Psychiatry, University of South Florida, Tampa, FL, 33613, USA

SOURCE: Journal of Clinical Psychiatry (2001), 62(Suppl. 19), 26-31
CODEN: JCLPDE; ISSN: 0160-6689

PUBLISHER: Physicians Postgraduate Press, Inc.

DOCUMENT TYPE: Journal; **General Review**

LANGUAGE: English

AB A review. Generalized anxiety disorder (GAD) is a chronic mental disorder that is characterized by excessive anxiety or worry. Traditionally, the treatment goal for GAD has been the attainment of a treatment response, clin. defined as a 40% to 50% symptomatic improvement relative to baseline. However, there is growing consensus among clin. psychiatrists that the treatment goal should be remission, a virtually asymptomatic state that corresponds to a score of ? 7 on the Hamilton Rating Scale for Anxiety (HAM-A) or a ? 70% symptomatic improvement from baseline. Venlafaxine extended release (XR), a serotonin-norepinephrine reuptake inhibitor, is the first pharmacotherapeutic agent to be indicated for both depression and GAD. This article reviews the efficacy data from several short-and long-term placebo-controlled studies of venlafaxine conducted to evaluate the potential of this agent to facilitate remission. Total scores on the HAM-A and the Clin. Global Impressions scale were used as the primary variables; scores for the HAM-A psychic and somatic anxiety factors and for the Hospital Anxiety and Depression scale were used as secondary variables. Venlafaxine XR showed a substantial effect size in the individual HAM-A items of worry, anxiety, and behavior at interview. The pooled anal. of 2 long-term studies indicated that the scores of venlafaxine remitters sepd. from those of responders by the second month, resulting in an overall increase in remitters. The results of these studies demonstrate the strong potential of venlafaxine XR in facilitating remission in GAD.

REFERENCE COUNT: 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 3 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN



ACCESSION NUMBER: 2000:596373 HCAPLUS

DOCUMENT NUMBER: 134:65678

TITLE: New indications for antidepressants

AUTHOR(S): Schatzberg, Alan F.

CORPORATE SOURCE: Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, 94305-5548, USA

SOURCE: Journal of Clinical Psychiatry (2000), 61(Suppl. 11), 9-17
CODEN: JCLPDE; ISSN: 0160-6689

PUBLISHER: Physicians Postgraduate Press, Inc.

DOCUMENT TYPE: Journal; **General Review**

LANGUAGE: English

AB A review with 73 refs. The second and third generation of antidepressants, i.e., the selective serotonin reuptake inhibitors, nefazodone, venlafaxine, and mirtazapine, are proving to be useful in a variety of seemingly diverse disorders, including most anxiety disorders. In addn. to receiving approval from the U.S. Food and Drug Administration. (FDA) for major depressive disorder, some of the newer antidepressants have received FDA approval for other disorders, e.g., **generalized**

anxiety disorder (venlafaxine), bulimia nervosa (fluoxetine), obsessive-compulsive disorder (fluvoxamine, paroxetine, sertraline, and fluoxetine), social phobia (paroxetine), panic disorder (sertraline, paroxetine), and posttraumatic stress disorder (sertraline). In controlled studies, these agents have also shown usefulness in premenstrual dysphoric disorder, borderline personality disorder, obesity, smoking cessation, and alcoholism. This article describes the new and potential indications for recently developed antidepressants and the studies that suggested these indications.

REFERENCE COUNT: 73 THERE ARE 73 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 4 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN



ACCESSION NUMBER: 1999:402615 HCAPLUS
 DOCUMENT NUMBER: 131:82427
 TITLE: Efficacy of SSRIs and newer antidepressants in severe depression: comparison with TCAs
 AUTHOR(S): Hirschfeld, Robert M. A.
 CORPORATE SOURCE: Department of Psychiatry and Behavioral Sciences, The University of Texas-Medical Branch, Galveston, TX, 77555, USA
 SOURCE: Journal of Clinical Psychiatry (1999), 60(5), 326-335
 CODEN: JCLPDE; ISSN: 0160-6689
 PUBLISHER: Physicians Postgraduate Press, Inc.
 DOCUMENT TYPE: Journal; **General Review**
 LANGUAGE: English

AB A review with 58 refs. The significant morbidity and mortality assocd. with severe depression and its psychotic or melancholic subtypes necessitate effective and well-tolerated therapy. This review evaluates antidepressant treatments for patients with severe depression. Comparative clin. trials conducted on patients with severe depression were found by an English-language MEDLINE search (1985 to present). Addnl. studies were identified in article bibliogs. Search terms included depressive disorders, depression and severe, hospitalized, melancholic or melancholia, psychotic, and endogenous. Evidence for efficacy of SSRIs in severe or melancholic depression comes from a small but growing no. of controlled studies with adequate samples, as well as meta-analyses and retrospective subgroup anal. of premarketing trials. In studies that defined response as a 50% or greater redn. in Hamilton Rating Scale for Depression (HAM-D) scores, response rates ranged from 53% to 64% for SSRIs and 43% to 70% for TCAs. In sep. trials on severe **depression**, **venlafaxine** and mirtazapine were both more effective than placebo and an active comparator. Nefazodone and bupropion were each found to be more effective than placebo in studies of severe depression. Venlafaxine and mirtazapine have been found to be more effective than fluoxetine. SSRIs and TCAs are comparably effective for the treatment of severe or melancholic depression. SSRIs and other newer agents appear to be better tolerated than TCAs, specifically lacking adverse anticholinergic and cardiovascular effects that may limit the use of TCAs. Emerging data with venlafaxine and mirtazapine in severely depressed patients with or without melancholia support the efficacy of these treatments. Nefazodone and bupropion were found to be effective in hospitalized depressed patients. Electroconvulsive therapy (ECT) or combined antidepressant therapy may be useful in some patients with severe depression. Patients with severe psychotic depression may respond better to an antipsychotic-antidepressant combination.

REFERENCE COUNT: 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 5 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text	Drug References
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ACCESSION NUMBER: 1995:424176 HCAPLUS
 DOCUMENT NUMBER: 122:177504
 TITLE: Venlafaxine: a review of its pharmacology and
 therapeutic potential in depression
 AUTHOR(S): Holliday, Stephen M.; Benfield, Paul
 CORPORATE SOURCE: Adis International Limited, Auckland, N. Z.
 SOURCE: Drugs (1995), 49(2), 280-94
 CODEN: DRUGAY; ISSN: 0012-6667
 DOCUMENT TYPE: Journal; **General Review**
 LANGUAGE: English

= RML.D8

AB A review with 61 refs. Venlafaxine is a phenylethylamine deriv. which facilitates neurotransmission in the brain by blocking presynaptic reuptake of serotonin (5-hydroxytryptamine; 5-HT) and noradrenaline (norepinephrine). Clin. data from patients with major depression are consistent with the favorable efficacy and tolerability profile of venlafaxine predicted by pharmacodynamic studies. In patients with major **depression, venlafaxine** 75 to 375 mg/day administered for 6 wk was significantly more effective than placebo, and at least as effective as imipramine, clomipramine, trazodone or fluoxetine. Venlafaxine is well tolerated, being assocd. with fewer anticholinergic and CNS adverse effects than tricyclic antidepressants. Unlike the tricyclic antidepressants, venlafaxine does not appear to significantly affect cardiac conduction, although there have been a few reports of modest increases in blood pressure, particularly after high doses of the drug. In conclusion, wider clin. experience is required to better characterize and confirm potential advantages of venlafaxine compared with other antidepressant agents. These advantages may include a rapid onset of action and reduced propensity to cause anticholinergic effects and cardiotoxicity compared with tricyclic antidepressants. Nevertheless, at this stage venlafaxine offers a more attractive treatment option than tricyclic antidepressants for patients with major depression, primarily because of its good overall tolerability profile.

L21 ANSWER 6 OF 9 MEDLINE on STN

Full Text	Drug References
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ACCESSION NUMBER: 2001531829 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 11577788
 TITLE: Attaining remission in **generalized anxiety disorder: venlafaxine** extended release comparative data.
 AUTHOR: Sheehan D V
 CORPORATE SOURCE: Institute for Research in Psychiatry, University of South Florida, Tampa 33613, USA.. dsheehan@hsc.usf.edu
 SOURCE: Journal of clinical psychiatry, (2001) 62 Suppl 19 26-31.
 Ref: 30
 Journal code: 7801243. ISSN: 0160-6689.
 PUB. COUNTRY: United States
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 200110
 ENTRY DATE: Entered STN: 20011002
 Last Updated on STN: 20011008
 Entered Medline: 20011004

AB Generalized anxiety disorder (GAD) is a chronic mental disorder that is characterized by excessive anxiety or worry. Traditionally, the treatment goal for GAD has been the attainment of a treatment response, clinically defined as a 40% to 50% symptomatic improvement relative to baseline. However, there is growing consensus among clinical psychiatrists that the treatment goal should be remission, a virtually asymptomatic state that corresponds to a score of $< \text{or} = 7$ on the Hamilton Rating Scale for Anxiety (HAM-A) or a $> \text{or} = 70\%$ symptomatic improvement from baseline. Venlafaxine extended release (XR), a serotonin-norepinephrine reuptake inhibitor, is the first pharmacotherapeutic agent to be indicated for both depression and GAD. This article reviews the efficacy data from several short- and long-term placebo-controlled studies of venlafaxine conducted to evaluate the potential of this agent to facilitate remission. Total scores on the HAM-A and the Clinical Global Impressions scale were used as the primary variables; scores for the HAM-A psychic and somatic anxiety factors and for the Hospital Anxiety and Depression scale were used as secondary variables. Venlafaxine XR showed a substantial effect size in the individual HAM-A items of worry, anxiety, and behavior at interview. The pooled analysis of 2 long-term studies indicated that the scores of venlafaxine remitters separated from those of responders by the second month, resulting in an overall increase in remitters. The results of these studies demonstrate the strong potential of venlafaxine XR in facilitating remission in GAD.

L21 ANSWER 7 OF 9

MEDLINE on STN



ACCESSION NUMBER: 2000387069 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10926050
TITLE: New indications for antidepressants.
COMMENT: Comment in: J Clin Psychiatry. 2001 Oct;62(10):829-30.
PubMed ID: 11816876
AUTHOR: Schatzberg A F
CORPORATE SOURCE: Department of Psychiatry and Behavioral Sciences, Stanford
University School of Medicine, Calif 94305-5548, USA.
SOURCE: Journal of clinical psychiatry, (2000) 61 Suppl 11 9-17.
Ref: 73
Journal code: 7801243. ISSN: 0160-6689.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200008
ENTRY DATE: Entered STN: 20000818
Last Updated on STN: 20020426
Entered Medline: 20000804

AB The second and third generation of antidepressants, i.e., the selective serotonin reuptake inhibitors, nefazodone, venlafaxine, and mirtazapine, are proving to be useful in a variety of seemingly diverse disorders, including most anxiety disorders. In addition to receiving approval from the U.S. Food and Drug Administration (FDA) for major depressive disorder, some of the newer antidepressants have received FDA approval for other disorders, e.g., **generalized anxiety disorder (venlafaxine)**, bulimia nervosa (fluoxetine), obsessive-compulsive disorder (fluvoxamine, paroxetine, sertraline, and fluoxetine), social phobia (paroxetine), panic disorder (sertraline, paroxetine), and posttraumatic stress disorder (sertraline). In controlled studies, these agents have also shown usefulness in premenstrual dysphoric disorder, borderline personality

disorder, obesity, smoking cessation, and alcoholism. This article describes the new and potential indications for recently developed antidepressants and the studies that suggested these indications.

L21 ANSWER 8 OF 9 MEDLINE on STN

Full Text	Citing References
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ACCESSION NUMBER: 1999289288 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10362442
TITLE: Efficacy of SSRIs and newer antidepressants in severe depression: comparison with TCAs.
AUTHOR: Hirschfeld R M
CORPORATE SOURCE: Department of Psychiatry and Behavioral Sciences, The University of Texas-Medical Branch, Galveston 77555, USA.
SOURCE: Journal of clinical psychiatry, (1999 May) 60 (5) 326-35.
Ref: 58
Journal code: 7801243. ISSN: 0160-6689.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199906
ENTRY DATE: Entered STN: 19990628
Last Updated on STN: 19990628
Entered Medline: 19990611

AB BACKGROUND: The significant morbidity and mortality associated with severe depression and its psychotic or melancholic subtypes necessitate effective and well-tolerated therapy. This review evaluates antidepressant treatments for patients with severe depression. DATA SOURCES: Comparative clinical trials conducted on patients with severe depression were found by an English-language MEDLINE search (1985 to present). Additional studies were identified in article bibliographies. Search terms included depressive disorders, depression and severe, hospitalized, melancholic or melancholia, psychotic, and endogenous. STUDY FINDINGS: Evidence for efficacy of SSRIs in severe or melancholic depression comes from a small but growing number of controlled studies with adequate samples, as well as meta-analyses and retrospective subgroup analysis of premarketing trials. In studies that defined response as a 50% or greater reduction in Hamilton Rating Scale for Depression (HAM-D) scores, response rates ranged from 53% to 64% for SSRIs and 43% to 70% for TCAs. In separate trials on severe **depression, venlafaxine** and mirtazapine were both more effective than placebo and an active comparator. Nefazodone and bupropion were each found to be more effective than placebo in studies of severe depression. Venlafaxine and mirtazapine have been found to be more effective than fluoxetine. CONCLUSION: SSRIs and TCAs are comparably effective for the treatment of severe or melancholic depression. SSRIs and other newer agents appear to be better tolerated than TCAs, specifically lacking adverse anticholinergic and cardiovascular effects that may limit the use of TCAs. Emerging data with venlafaxine and mirtazapine in severely depressed patients with or without melancholia support the efficacy of these treatments. Nefazodone and bupropion were found to be effective in hospitalized depressed patients. Electroconvulsive therapy (ECT) or combined antidepressant therapy may be useful in some patients with severe depression. Patients with severe psychotic depression may respond better to an antipsychotic-antidepressant combination.

L21 ANSWER 9 OF 9 MEDLINE on STN

L10 0 S L9 () L4
 L11 3 S L9 AND L4
 L12 0 S L11 AND REVIEW/DT
 L13 3133 S CENTRAL () NERVOUS () SYSTEM () DISORDER?
 L14 0 S L13 () L4
 L15 6 S L13 AND L4
 L16 0 S L15 AND REVIEW/DT
 L17 3 S L15 AND L11
 L18 3 S L15 NOT L11
 L19 581669 S DEPRESSION? OR GENERALIZED () ANXIETY () DISORDER? OR PANIC (
 L20 37 S L19 () L4
 L21 9 S L20 AND REVIEW/DT

=> s neurodegenerative {} disorder?
 L22 20537 NEURODEGENERATIVE (W) DISORDER?

=> s l22 () l4
 L23 0 L22 (W) L4

=> s l22 and l4
 L24 7 L22 AND L4

=> s l24 and review/dt
 L25 0 L24 AND REVIEW/DT

=> s anxiety or schizophrenia? or borderline {} personality {} disorder? or cocaine
 L26 420912 ANXIETY OR SCHIZOPHRENIA? OR BORDERLINE (W) PERSONALITY (W)
 DISORDER? OR COCAINE (W) ADDICTION? OR ALCOHOL (W) ADDICTION?
 OR LATE (W) LUTEAL (W) PHASE (W) DYSPHORIC (W) DISORDER? OR
 PRE-MENSTRUAL (W) SYNDROME? OR AUTISM? OR BULIMIA (W) NERVOSA?
 OR GILLES (W) DE (W) LA (W) TOURETTE (W) SYNDROME?

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 L27 14 L26 (W) L4

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 L28 1 L27 AND REVIEW/DT

=> d l28, ibib abs, 1

L28 ANSWER 1 OF 1 HCAPLUS COPYRIGHT 2005 ACS on STN

Full
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Citings
 References

ACCESSION NUMBER: 2000:14375 HCAPLUS
 DOCUMENT NUMBER: 132:44393
 TITLE: Venlafaxine extended release (XR) in the treatment of
 generalized anxiety disorder
 AUTHOR(S): Sheehan, David V.
 CORPORATE SOURCE: Institute for Research in Psychiatry, The University
 of South Florida, Tampa, FL, USA
 SOURCE: Journal of Clinical Psychiatry (1999), 60(Suppl. 22),
 23-28
 CODEN: JCLPDE; ISSN: 0160-6689
 PUBLISHER: Physicians Postgraduate Press, Inc.
 DOCUMENT TYPE: Journal; **General Review**
 LANGUAGE: English

AB A review with 26 refs. This article reviews results of reports suggesting
 that venlafaxine extended release (XR) may play an important role in the
 treatment of anxiety disorders, particularly generalized anxiety disorder
 (GAD). Statistically significant improvements in GAD for venlafaxine XR

compared with placebo on the basis of the Hamilton Rating Scale for Anxiety were seen in the acute treatment studies up to 8 wk and were maintained for 6 mo. One comparative study found venlafaxine XR to be as effective as, or on some measures more effective than, buspirone at relieving GAD. Venlafaxine XR was safe and well tolerated in the GAD studies, with discontinuation rates due to adverse effects similar to the rates seen with placebo or buspirone.

REFERENCE COUNT: 26 THERE ARE 26 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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=> s vasomotor {} flushing or chronic {} fatigue {} syndrome or urinary {} incontinence
L29      810906 VASOMOTOR (W) FLUSHING OR CHRONIC (W) FATIGUE (W) SYNDROME OR
          URINARY (W) INCONTINENCE? OR CHRONIC (W) OBSTRUCTIVE (W) PULMONA
          RY (W) DISEASE? OR PAIN OR POSTHERPETIC (W) NEURALGIA? OR SEXUAL
          (W) DYSFUNCTION?
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(FILE 'HOME' ENTERED AT 09:53:06 ON 18 NOV 2005)

FILE 'REGISTRY' ENTERED AT 09:53:15 ON 18 NOV 2005

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L1          STRUCTURE UPLOADED
L2          0 S L1
L3          0 S L1 FULL
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FILE 'HCAPLUS, EMBASE, MEDLINE, BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005

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L4          8963 S VENLAFAXINE?
L5          1901208 S ANALOG? OR METABOLITE?
L6          2 S L5 () L4
L7          0 S L6 AND REVIEW/DT
L8          2 S L6 AND L4
L9          9 S ACYLOXYALKYL () ETHER?
L10         0 S L9 () L4
L11         3 S L9 AND L4
L12         0 S L11 AND REVIEW/DT
L13         3133 S CENTRAL () NERVOUS () SYSTEM () DISORDER?
L14         0 S L13 () L4
L15         6 S L13 AND L4
L16         0 S L15 AND REVIEW/DT
L17         3 S L15 AND L11
L18         3 S L15 NOT L11
L19         581669 S DEPRESSION? OR GENERALIZED () ANXIETY () DISORDER? OR PANIC (
L20         37 S L19 () L4
L21         9 S L20 AND REVIEW/DT
L22         20537 S NEURODEGENERATIVE () DISORDER?
L23         0 S L22 () L4
L24         7 S L22 AND L4
L25         0 S L24 AND REVIEW/DT
L26         420912 S ANXIETY OR SCHIZOPHRENIA? OR BORDERLINE () PERSONALITY () DIS
L27         14 S L26 () L4
L28         1 S L27 AND REVIEW/DT
L29         810906 S VASOMOTOR () FLUSHING OR CHRONIC () FATIGUE () SYNDROME OR UR
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L30         3 L29 (W) L4
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=> s 130 and review/cit
L31         0 L30 AND REVIEW/DT
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=> d 130, ibib abs, 1-3

L30 ANSWER 1 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text	Citing References
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ACCESSION NUMBER: 2005:442251 HCAPLUS
 DOCUMENT NUMBER: 143:359835
 TITLE: Venlafaxine extended release in the treatment of painful diabetic neuropathy: a double-blind, placebo-controlled study. [Erratum to document cited in CA142:016658]
 AUTHOR(S): Rowbotham, Michael C.; Goli, Veeraindar; Kunz, Nadia R.; Lei, Dean
 CORPORATE SOURCE: UCSF Pain Clinical Research Center, Department of Neurology, University of California, San Francisco, CA, USA
 SOURCE: Pain (2005), 113(1-2), 248
 CODEN: PAINDB; ISSN: 0304-3959
 PUBLISHER: Elsevier Ltd.
 DOCUMENT TYPE: Journal
 LANGUAGE: English

AB On page 703, the statement "On patient in the venlafaxine ER 75 mg group developed atrial fibrillation that was judged to be possibly treatment related, but remained in the study" is incorrect. That patient actually experienced occasional premature supraventricular complexes, not atrial fibrillation, which did not require medical intervention, and the patient completed the study. The clin. important ECG changes in the other three patients noted by the medical monitor were judged not to be related to treatment, and all three remained in the study.

L30 ANSWER 2 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text	Citing References
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ACCESSION NUMBER: 2004:621825 HCAPLUS
 DOCUMENT NUMBER: 142:16658
 TITLE: Venlafaxine extended release in the treatment of painful diabetic neuropathy: a double-blind, placebo-controlled study
 AUTHOR(S): Rowbotham, Michael C.; Goli, Veeraindar; Kunz, Nadia R.; Lei, Dean
 CORPORATE SOURCE: UCSF Pain Clinical Research Center, Department of Neurology, University of California, San Francisco, CA, USA
 SOURCE: Pain (2004), 110(3), 697-706
 CODEN: PAINDB; ISSN: 0304-3959
 PUBLISHER: Elsevier Ltd.
 DOCUMENT TYPE: Journal
 LANGUAGE: English

AB To evaluate the efficacy and safety of 6 wk of venlafaxine extended-release (ER) (75 mg and 150-225 mg) treatment in patients with painful diabetic neuropathy. This multicenter, double-blind, randomized, placebo-controlled study included 244 adult outpatients with metabolically stable type 1 or 2 diabetes with painful diabetic neuropathy. Primary efficacy measures were scores on the daily 100 mm Visual Analog Pain Intensity (VAS-PI) and Pain Relief (VAS-PR) scales. Secondary efficacy measures included the Clin. Global Impressions-Severity of Illness and the Clin. Global Impressions-Improvement, Patient Global Rating of Pain Relief, and percentage of patients achieving 50% redn. in pain intensity. Baseline pain intensity was 68.7 mm (moderately severe). At week 6, the percentage redn. from baseline in VAS-PI was 27% (placebo), 32% (75 mg),

and 50% (150-225 mg). Mean VAS-PR scores in the 150-225 mg group were significantly greater than placebo at week 6 (44 vs. 60 mm). The no. needed to treat (NNT) for 50% pain intensity redn. with venlafaxine ER 150-225 mg was 4.5 at week 6. Nausea and somnolence were the most common treatment-emergent adverse events. Seven patients on venlafaxine had clin. important ECG changes during treatment. Venlafaxine ER appears effective and safe in relieving pain assocd. with diabetic neuropathy. NNT values for higher dose venlafaxine ER are comparable to those of tricyclic antidepressants and the anticonvulsant gabapentin.

REFERENCE COUNT: 50 THERE ARE 50 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

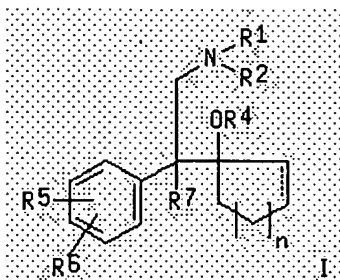
L30 ANSWER 3 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full
Text

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References

ACCESSION NUMBER: 2003:931155 HCAPLUS
DOCUMENT NUMBER: 139:391365
TITLE: Methods of treating gastrointestinal and genitourinary pain disorders using venlafaxine and derivatives
INVENTOR(S): Karlstadt, Robyn Gail; Lynn, Richard Brian; Burton, Michael Scott; Danilewitz, Mervyn
PATENT ASSIGNEE(S): Wyeth, John, and Brother Ltd., USA
SOURCE: PCT Int. Appl., 17 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>WO 2003097029</u>	A1	20031127	<u>WO 2003-US15230</u>	20030515
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
<u>CA 2485736</u>	AA	20031127	<u>CA 2003-2485736</u>	20030515
<u>US 2004019101</u>	A1	20040129	<u>US 2003-438572</u>	20030515
<u>BR 2003010083</u>	A	20050215	<u>BR 2003-10083</u>	20030515
<u>EP 1505960</u>	A1	20050216	<u>EP 2003-753036</u>	20030515
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
<u>JP 2005530779</u>	T2	20051013	<u>JP 2004-505028</u>	20030515
<u>PRIORITY APPLN. INFO.:</u>			<u>US 2002-381305P</u>	P 20020517
			<u>WO 2003-US15230</u>	W 20030515
OTHER SOURCE(S):	MARPAT	139:391365		
GI				



AB The invention provides a method of treating functional gastrointestinal and genitourinary disorders in a mammal by administering to the mammal an effective amt. of hydroxycycloalkane phenethylamine I where the dotted line represents optional unsatn.; R1, R7 = H, alkyl; R2 = alkyl; R4 = H, alkyl, formyl, alkanol; R5, R6 = H, OH, alkyl, alkoxy, alkanoyloxy, cyano, nitro, alkylmercapto, amino, alkylamino, dialkylamino, alkanamido, halo, trifluoromethyl, or, taken together, methylenedioxy; n is [0-4], or a pharmaceutically acceptable salt thereof.

REFERENCE COUNT: 12 THERE ARE 12 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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(FILE 'HOME' ENTERED AT 09:53:06 ON 18 NOV 2005)

FILE 'REGISTRY' ENTERED AT 09:53:15 ON 18 NOV 2005

L1 STRUCTURE UPLOADED

L2 0 S L1

L3 0 S L1 FULL

FILE 'HCAPLUS, EMBASE, MEDLINE, BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005

L4 8963 S VENLAFAXINE?

L5 1901208 S ANALOG? OR METABOLITE?

L6 2 S L5 () L4

L7 0 S L6 AND REVIEW/DT

L8 2 S L6 AND L4

L9 9 S ACYLOXYALKYL () ETHER?

L10 0 S L9 () L4

L11 3 S L9 AND L4

L12 0 S L11 AND REVIEW/DT

L13 3133 S CENTRAL () NERVOUS () SYSTEM () DISORDER?

L14 0 S L13 () L4

L15 6 S L13 AND L4

L16 0 S L15 AND REVIEW/DT

L17 3 S L15 AND L11

L18 3 S L15 NOT L11

L19 581669 S DEPRESSION? OR GENERALIZED () ANXIETY () DISORDER? OR PANIC (

L20 37 S L19 () L4

L21 9 S L20 AND REVIEW/DT

L22 20537 S NEURODEGENERATIVE () DISORDER?

L23 0 S L22 () L4

L24 7 S L22 AND L4

L25 0 S L24 AND REVIEW/DT

L26 420912 S ANXIETY OR SCHIZOPHRENIA? OR BORDERLINE () PERSONALITY () DIS

L27 14 S L26 () L4

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L29 810906 S VASOMOTOR () FLUSHING OR CHRONIC () FATIGUE () SYNDROME OR UR

L30 3 S L29 () L4

L31 0 S L30 AND REVIEW/DT

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=> s l4 {} anal?
L32      28 L4 (W) ANAL?

=> s l32 and central {} nervous {} system {} disorder?
L33      0 L32 AND CENTRAL (W) NERVOUS (W) SYSTEM (W) DISORDER?

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L34      19 L4 (W) METABOLITE?

=> s l34 and central {} nervous {} system {} disorder?
L35      4 L34 AND CENTRAL (W) NERVOUS (W) SYSTEM (W) DISORDER?

=> s l35 and review/dt
L36      0 L35 AND REVIEW/DT

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